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CONFIRMATION NO. 2365

SERIAL NUMBER 10/714,153	FILING OR 371(c) DATE 11/14/2003 RULE	CLASS 717	GROUP ART UNIT 2192	ATTORNEY DOCKET NO. MSFT125728
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**** CONTINUING DATA ******* N/A I-T

**** FOREIGN APPLICATIONS ******* N/A I-T

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 02/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: [Initials]	STATE OR COUNTRY WA	SHEETS DRAWING 14	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
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ADDRESS
38991

TITLE
Aggregation and prioritization of application issue data

FILING FEE RECEIVED 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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